

APPLICATION FOR A PRIVATE APPLICATOR'S
RESTRICTED USE PESTICIDE LICENSE

INSTRUCTIONS: Complete and submit to the Arkansas State Plant Board, PESTICIDES DIVISION, P.O. Box 1069 Little Rock, AR 72203. Upon approval, your license will be issued for the year indicated. Note: To qualify for this license an individual must be a producer of an agricultural commodity. Incomplete application will delay processing. Print or Type Only.

Person Applying
Name: Last _____ First _____ Middle _____
(Please Print)

Date of Birth _____

Mailing Address _____ City _____

State _____ Zip Code _____ Phone Number _____ Cell Phone (opt) _____

Residential County _____ Farm Location County _____

Indicate Readings(If available) Latitude _____ Longitude _____

Indicate Type of Operation(farmer, rancher, nurseryman, etc.) _____

Indicate Agricultural Commodity Produced(rice, hay, cattle, timber, etc.) _____

If above is a new address, list old address here _____

FEE: PRIVATE APPLICATOR'S LICENSE

\$10.00 - FEE ENCLOSED \$ _____

Applicant stipulates that the restricted use pesticide purchased or secured will be used on his or her own, rented or leased premises in accordance with label directions and agrees to comply with the requirements of the Pesticide Use and Application Act as amended, and Pesticide Control Act as amended, and Regulations promulgated pursuant there to.

Applicant's
Signature _____
(Person Applying Only)

Date _____

This application is considered incomplete unless the second page(Required Confidential Information Form) is completed.

DO NOT WRITE IN THIS SPACE
PRIVATE APPLICATOR'S RESTRICTED USE PESTICIDE LICENSE

Approved by:
Date:

License Number _____

Date of Issuance _____

Required Confidential Information Form

Pesticide Division

Instructions: Please print clearly. This information is confidential and required by Act 1163 of 1997.
The name below should appear the same as on the license application form.

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ - _____ - _____

Do not write below this line

For Plant Board Use Only

Type of License(s) Issued	License Number
Private Applicator License <input type="checkbox"/>
Commercial Individual License <input type="checkbox"/>
Custom OIC Authorization Permit <input type="checkbox"/>
Custom Pilot's Authorization Permit <input type="checkbox"/>
Non-Commercial License <input type="checkbox"/>
Ginseng Dealer License <input type="checkbox"/>
Ginseng Man License <input type="checkbox"/>
Landscape Contractors License <input type="checkbox"/>
Pest Control License <input type="checkbox"/>
Ag Consultants License <input type="checkbox"/>
Seed Dealers License <input type="checkbox"/>
Seed Treaters License <input type="checkbox"/>
Registered Seed Technologists License <input type="checkbox"/>
Other <input type="checkbox"/>